



TEXAS DEPARTMENT OF HEALTH  
BUREAU OF RADIATION CONTROL  
APPLICATION FOR LASER SERVICES



Instructions: Complete ALL ITEMS of the application applicable to your operations. Mail original(s) to the Texas Department of Health, Bureau of Radiation Control (BRC), 1100 West 49th Street, Austin, Texas 78756-3189. Upon approval of the application, the applicant will receive a Certificate of Registration. Submit the appropriate fee with an application for NEW REGISTRATIONS ONLY. If you have questions, contact the BRC at (512)834-6688.

1. a. Legal name of business, facility or individual:*		2. Records Location:*	
b. Business mailing address:		This must be a physical address, not a P.O. Box.	
3. Laser Safety Officer (LSO): (Attach Qualifications)*		4. Telephone No:	
5. Fax No:		6. E-mail Address:	
7. Type of action: (Check all that apply)			
<input type="checkbox"/> New Registration (Attach appropriate fee)		<input type="checkbox"/> Amendment to Registration No. _____	
<input type="checkbox"/> Renewal of Registration No. _____		<input type="checkbox"/> Name Change	
		<input type="checkbox"/> Address Change	
		<input type="checkbox"/> LSO Change	
8. TYPE OF SERVICE:			
<input type="checkbox"/> Assembler: In business to assemble, install and repair lasers.			
<input type="checkbox"/> Calibration of Lasers: The testing and adjustment of laser parameters to meet manufacturer specifications.			
<input type="checkbox"/> Demonstration for Sales: Involves an individual who energizes or causes a laser to be energized in order to demonstrate or sell the laser.			
<input type="checkbox"/> Provider of Lasers: Furnishes a laser on a routine basis to a facility for limited time periods.			
9. I do hereby accept the responsibilities of laser safety officer.			
_____ Signature of Laser Safety Officer*		_____ Date	_____ Typed or Printed Name
10. I certify that the information contained in this application is true and correct to the best of my knowledge.			
_____ Signature of Applicant*		_____ Date	_____ Typed or Printed Name
_____ Signature of Owner or Partner*		_____ Date	_____ Typed or Printed Name
			_____ Driver's License No.

## INSTRUCTIONS

The following is an explanation for the specific items marked by an asterisk (\*), from the front page.

- Item 1a: Legal name of business, facility or individual  
A Franchise Tax Information Form (BRC Form 226-1) must be submitted for all new and renewal applications and for any name or ownership change.
- Item 2: Records Location  
List the location where all records required by Texas Regulations for the Control of Laser Radiation Hazards (TRCLRH) are maintained.
- Item 3: Laser Safety Officer (LSO)  
Qualifications for the designated LSO, delineating specific laser training and experience in the type of service you are applying for must be submitted with the application.
- Item 9: Signature of Laser Safety Officer  
If the LSO is someone other than the applicant, the signature of the individual listed in Item 3 is required.
- Item 10: Signature of Applicant  
This should be the signature of a person authorized by the applicant or registrant to act for and on the behalf of the applicant or registrant.
- Signature of Owner or Partner  
This line does not need to be completed if the business is a corporation.